

Soviet healthcare on the Chinese eastern railway and Harbin in the 1920s–1930s

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Abbreviations

CER, Chinese Eastern Railway; HB RRCS, Harbin branch of the Russian Red Cross Society; ICRC, International Committee of the Red Cross; RRCS, Russian Red Cross Society; USSR, Union of Soviet Socialist Republics.

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Abstract

Background: This paper examines the frequently neglected healthcare relations between China and the Soviet Union during the 1920s and 1930s. It analyzes how Soviet influence impacted healthcare in Northeast China, the strategies employed by Soviet authorities to promote their medical principles, and the factors that contributed to the eventual failure of socialized medicine in China during the interwar period. **Methods:** The study employs a historical approach and literature review to analyze the Soviet influence on public health in Manchuria. It utilizes materials from Russian archives in Moscow and Khabarovsk, Russian periodicals in Harbin in the 1920s–1930s, and published materials from this period. **Results:** It is mainly reflected in four aspects: The Russian Labor Red Cross in Harbin, the Soviet Red Cross organization in Harbin, Soviet medicine in the Chinese Eastern Railway (1924–1929), and Soviet medicine in the CER and Harbin in 1929–1939. **Conclusion:** Despite various efforts, Soviet medicine struggled to gain prominence in the region due to unfavorable political and sociocultural conditions. The healthcare system established by the Soviets in the CER did not fully embody the ideal of free general medical care and faced opposition due to issues such as the lowered social status of doctors and restrictions on patient rights. Additionally, the rise of nationalism in China posed a significant challenge, requiring Soviet doctors to adapt their practices to align with Chinese interests after 1929. Overall, the difficulty in effectively integrating and promoting Soviet healthcare ideals in the region limited their influence and success.

Keywords: Soviet; Harbin; medicine; Red Cross; Manchuria; Chinese eastern railway

Introduction

The 1920s represented a crucial era in Sino-Soviet relations, marked by collaboration and conflict. During this decade, the Soviet Union leveraged the Comintern, the Chinese Communist Party, and the Guomindang as instruments of its power politics in China. The Soviet aim was to extend its influence in Asia, often cloaked in the language of anti-imperialism. This approach was part of a broader strategy to secure Soviet regional interests and advance communist ideology. Russian political and military emigres in China significantly influenced Sino-Soviet relations [1]. By 1929, the contradictions between China and the Union of Soviet Socialist Republics (USSR) led to an armed conflict between the two nations [2, 3].

The relationship between the Soviet Union and the Guomindang during the 1920s was intricate and evolving, shaped by the strategies of the Comintern and the broader geopolitical landscape. The Soviet Union extended military training and financial assistance to the Guomindang, especially throughout the Northern Expedition (1926–1928) [4]. This support was instrumental in enabling the Guomindang to consolidate its power and expand its territorial influence in China, and it also included military medical assistance [5].

Academically, interest in Soviet medicine began to surface in China during the 1930s. By 1944, in Chongqing, this curiosity about the Soviet medical model became more pronounced within Chinese medical and intellectual circles. After examining and comparing health care systems in Europe, the United States, and the Soviet Union, scholars concluded that the public health care system of the Soviet Union represented the ideal model and advocated for the Chinese government to adopt this approach [6].

Much remains unknown about the chapter in the history of Soviet healthcare in Harbin and along the Chinese Eastern Railway (CER) [7]. In the 1950s, Chinese authors typically refrained from discussing this topic in the broader narrative of Chinese healthcare history [8]. Similarly, medical historians in Harbin have not addressed the presence of Soviet medicine in the city during the 1920s [9, 10]. Russian authors primarily focus on the history of the Russian diaspora in China, showing less interest in Russian-Chinese relations.

This paper aims to illuminate this overlooked aspect of Sino-Soviet relations in healthcare during the 1920s and 1930s. What were the channels through which Soviet influence in healthcare flowed into Northeast China? What strategies did Soviet authorities employ to promote the principles of Soviet medicine in the 1920s? And why did the efforts to introduce the concept of socialized medicine to China in the interwar period fail? How can one conceptualize the efforts to introduce and expand the influence of Soviet medicine in Manchuria during the 1920s and 1930s?

Background of Manchuria and Soviet medicine

Since 1898, the CER (Figure 1) has operated in Manchuria within a designated concession territory under Russian administration. This arrangement enabled Russia to manage the railway and its surrounding region, effectively establishing a zone of Russian influence in Manchuria. In 1912, Manchuria came under the control of the regional warlord Zhang Zuolin (1875–1928). Although nominally part of the Chinese Republic, it functioned as a separate state. Zhang Zuolin's policy aimed to develop Manchuria in opposition to Japan and the USSR [11].

Following the October Revolution of 1917, the Bolsheviks seized power in Russia. In late 1917, the Harbin Council of Workers and Soldiers, aligned with the Bolsheviks, attempted to take control of the CER. However, this effort was thwarted by the Chinese authorities, who disarmed the Russian police and replaced them with Chinese officers. In 1920, Russian extraterritoriality in China was revoked, resulting in the Chinese state assuming responsibility for protecting Russians and their property. On October 31, 1921, the Chinese government replaced the CER concession with the Special District of the Three Eastern Provinces [11].

Following the Bolshevik takeover, the new Soviet government initially sought to maintain control over the railway but faced opposition from other powers and local Chinese authorities. In the 1920s, the CER became a contentious issue in international relations, with China seeking to regain control over its territory and the Soviet Union attempting to maintain its influence in the region.

In the Special District of the Three Eastern Provinces, two major Russian communities, the Bolsheviks and anti-Bolsheviks, conflicted, reflecting the ongoing civil war in Russia. The Chinese authorities were intent on dismantling Bolshevik networks. This compelled the Bolsheviks to function in secrecy. As S.Urbansky notes, the informal Soviet structures competed with the official ones. As a result, the advancements made by Bolshevik propagandists among the local populace remained limited until the mid-1920s [12].

In 1918, the People's Commissariat of Health was established in Soviet Russia, serving as a centralized body for medicine and public health administration. The three foundational principles of Soviet healthcare—unity of Soviet medicine, universally accessible professional care, and preventive health measures through sanitation—were intended to guide the system [13]. However, until the early 1950s, these ideals often remained more aspirational than reflective of actual state policy in public health. Less emphasized yet more significant were the principles prioritizing public interests over individual rights, the state's monopoly on medicine, and the focus on providing medical care primarily to city workers and employees at the expense of the peasantry. Additionally, the low social status of doctors and the abundance of medical personnel often resulted in poor-quality care. By the end of the 1920s, the Soviet healthcare system had made more significant strides in propaganda than in actual improvements in the population's health and medical indicators.

The early 1920s in Harbin and along the CER were marked by a tension between the pursuit of sovereignty in a region that had previously been under foreign control and the evolution of Chinese nationalism within a diverse regional and multiethnic context [14]. The authorities of the Special District promptly undertook reforms of the CER company, as well as the police and court systems of the former concession. After these initial changes, they addressed other areas such as education, medicine, public health, municipal government, and language policy. This approach reflects the pragmatism of Chinese administrators, who sought to avoid disruptions that could jeopardize stability in the district [11]. The history of healthcare in Harbin during the 1920s illustrates a gradual transition of medical institutions from Russian to Chinese oversight, including establishing a military hospital in 1920, a police hospital in 1921, a Red Cross hospital in 1924, and municipal medical facilities by 1926. Consequently, the defining characteristics of Chinese healthcare in Harbin during this period were the Western modernization of medical practices and the assertion of sovereignty through establishing a national public health service.

The Russian Labor Red Cross in Harbin

By the early 1920s, access to medical care was primarily unavailable to most of Harbin's poor population. For many wage laborers in Harbin, visiting a doctor or purchasing medicine had become an unaffordable luxury. The municipal dispensary struggled to accommodate the overwhelming number of visitors, and the railway medical organization was insufficient in meeting the needs of railroad workers [15].

In 1920, Bolshevik-controlled labor unions in Harbin sought to leverage the workers' demand for affordable medical care for Soviet propaganda. To this end, the pro-Soviet labor unions operating within the Special District of the Three Eastern Provinces organized several medical institutions. Notably, before 1924, Russian and Chinese workers within the CER had been united under another anti-Bolshevik union [11].

Utilizing medicine and public health as tools for communist propaganda was not original to the Harbin labor unions. Since the early 20th century, the Bolshevik Party had been leveraging organized

medical care to support their revolutionary efforts. In the autumn of 1917, the “Proletarian Red Cross” organization was established in Petrograd to provide medical assistance to the Red Guard fighters [16]. This organization was unrelated to the Geneva International Red Cross Organization and the Russian Red Cross Society (RRCS). This name was apparently chosen to emphasize its class character and humanitarian orientation.

At the end of February 1920, a joint conference of Russian professional, political, and social organizations in Harbin organized an organization called the “Labor (Workers’) Red Cross” [17]. Obviously, the example of Petrograd was used in Harbin. The LRC was declared “an independent, apolitical body that selects a chairman, a treasurer, and a secretary from among itself” [18]. A medical and sanitary department headed by Dr. S.M. Wächter was established under the LRC to organize medical issues. The objectives of the LRC were defined as follows: (1) providing medical assistance to those in need; (2) assistance to unemployed workers, employees, and their families; (3) cultural and educational assistance; (4) assisting organizations from other cities; (5) assistance to people with disabilities, etc.

One of the first cases organized by the Labor Red Cross was assistance moving sanitary trains with typhus patients traveling in the spring of 1920 from Chita to Vladivostok, stuck in Harbin. The LRC assisted 2,800 typhus patients, and Dr. A.V. Sinitsyn (Dr. A.V. Sinitsyn (1887–1921), graduated from the medical faculty of Tomsk University, Russia (Figure 2). After completing his studies in 1915, he was drafted into military service and moved to Harbin. In 1917, he was elected a member of the Council of Soldiers’ and Workers’ Deputies and joined the Harbin municipal government, where he was appointed as a municipal doctor. From 1917 to 1921, he actively participated in the workers’ movement in Harbin. He was one of the organizers of the pro-Bolshevik newspaper “Vpered (Forward)” and served on its editorial board. Additionally, he led the sanitary department of the LRC. As a city doctor, he played a vital role in combating epidemics of dangerous diseases, specifically cholera in 1919 and plague from 1920 to 1921. Unfortunately, he contracted the plague and passed away on March 21, 1921, at the age of 33. In his honor, the Children’s Consultation and Milk Depot “A Drop of Milk,” was named after him [19].) played a significant role in organizing this action [20].

Following the mass exodus of refugees from Russia to Harbin, the Red Cross assumed a crucial role in providing medical and social assistance. Many emigrants arrived in a state of significant physical and psychological distress, and the organization offered vital support in terms of treatment, food, and accommodation. This influx placed immense strain on the local infrastructure, making the Red Cross one of the primary organizations addressing this crisis. Various national

Red Cross organizations-including those from Russia, Japan, Poland, the United States, and China-and religious charities assisted the refugees. It is important to note that the Russian Labor Red Cross in Harbin, similar to its counterpart in Petrograd in 1917, was not an official organization. It was, in fact, an imposture. It neither joined the International Committee of the Red Cross (ICRC) nor adhered to its statutes. Instead, it emerged from the self-organization of the Russian working class, aiming to deliver medical aid to its community.

Between 1920 and 1921, the LRC in Harbin steadily established a network of medical and charitable institutions. In 1920, a public canteen was inaugurated, and the first medical facility of the LRC, a dental hospital, opened its doors on July 26, 1920. Initially located in rented accommodations, the hospital was relocated to the LRC’s building in the spring of 1921.

In September 1921, the LRC inaugurated its pharmacy, followed by opening a medical dispensary on November 7, 1921. While the medical care offered by the LRC institutions required payment-except for services rendered to unemployed and severely needy union members-the care conditions were so favorable that union members were eager to utilize them. By 1923, the LRC dispensary recorded between 1,000 and 1,200 visits per month, the dental clinic handled 1,500 to 1,700 cases, and the pharmacy dispensed 700 to 800 prescriptions monthly, among other services. This indicates a strong demand for the medical care available through the LRC institutions among Russian labor union members [21].

Regarding the contingent of the LRC medical institutions served, 50% were labor union members and their family members, while the remaining 50% comprised the general population. However, not all labor union members exclusively sought medical care at the LRC facilities. Only between half and three-quarters of the union members in Harbin utilized the services of the LRC dispensary. Additionally, the CER medical service also provided medical care for railroad workers, including those who were labor union members.

It is important to note that the activities of Soviet medical institutions in Harbin were primarily focused on providing care for Russian patients. In contrast, Chinese patients rarely sought services from these facilities. Establishing the LRC in Harbin symbolized the Soviet expansion into the Special District of the Three Eastern Provinces, primarily aimed at promoting propaganda among the largely apolitical Russian population. Consequently, another objective of the LRC was to serve as a counterbalance to the existing Russian emigre organization, known as the “Special Meeting of the Red Cross” in Harbin, which operated as a branch of the Paris-based Russian emigre Red Cross.



Figure 1 Map of the Chinese eastern railway



Figure 2 Dr. A.V. Sinitsyn

The Soviet Red Cross organization in Harbin

Until 1923, Soviet influence in Manchuria was not exerted directly from Soviet Russia but through a buffer state known as the Far Eastern Republic. Since the Far Eastern Republic had claims to the CER in 1920–1922, the Soviet Red Cross organization in Harbin was historically connected with the RRCS representation in the Far East rather than the RRCS Central Committee in Moscow. It was only after the Far Eastern Republic joined Soviet Russia in November 1922, followed by the establishment of the USSR in December 1922, that pro-Soviet institutions within the Special District of the Three Eastern Provinces began to be incorporated into the structures of Soviet agencies. At the same time, the Soviet side did not always consider the enhancement of Chinese authority in the region.

In March 1923, the LRC in Harbin became part of the broader network of the RRCS. It was established as an independent subdivision of the RRCS representation in the Russian Far East, but not a foreign representative office [22]. This highlights the focus of the Soviet Red Cross in Harbin on the Russian population rather than on foreign nationals. The LRC dispensary in Harbin was rebranded as the dispensary of the Harbin branch of the Russian Red Cross Society (HB RRCS) [23]. Despite this change, it maintained its intrinsic connection with the labor unions, acting as a vital outpost of Soviet medicine in Manchuria [20, 24].

Significantly, this change did not alter the operational dynamics of the Soviet Red Cross cell in Harbin. The cell continued to function predominantly as an initiative of the local Russian Bolshevik community rather than as a direct instrument of Soviet healthcare propaganda directed from Moscow.

An event exemplifies this distinction during the summer of 1923 when the Representative of the RRCS in the Far East submitted a request to the People's Commissariat of Health of Soviet Russia for literature and visual materials intended to promote the principles of Soviet healthcare within the CER and the Special District of the Three Eastern Provinces. In response, the Commissariat sent 24 publications that focused on protecting maternal and child health, reflecting specific community health priorities rather than broader ideological dissemination [25, 26].

The organization, which underwent a name change, continued to evolve. On June 18, 1923, the Children's Consultation and Milk Depot, "A Drop of Milk," named after Dr. A.V. Sinitsyn, was inaugurated at the HB RRCS. Russian pediatricians from Harbin worked at the consultation, providing guidance to young mothers and conducting free infant medical examinations. "A Drop of Milk" produced both milk and nutritious formulae [27].

Due to inadequate funding, the pro-Soviet labor unions in Harbin were compelled to confine themselves to the essential medical facilities, which included an outpatient clinic for specialized doctors, a dental clinic, a pharmacy, and a dairy kitchen. All of these institutions operated on a self-sustaining basis. The LRC did not receive any financial assistance from Soviet Russia, directly or indirectly. The modest income generated was allocated to their development and to address prior organizational debts. The medical services offered by the labor unions focused solely on the pro-Soviet Russian community in Harbin and lacked the potential for expansion.

In addition to organizing medical care for workers, the LRC and, lately, the HB RRCS also advocated for the principles of Soviet healthcare in Harbin, focusing on hygiene and infectious disease prevention. In May 1920, the LRC held "Weeks of Cleanliness," where local Russian doctors delivered public lectures on health promotion. Throughout the spring and summer of 1920, 14 lectures were conducted across various locations in the city, accompanied by free movie screenings [28, 29]. However, by the spring of 1921, these public lectures, organized by the Harbin Russian Physicians' Society in conjunction with the LRC, were halted due to low attendance from local residents [30].

Despite the challenges faced in the initial years, efforts to educate the Russian working population about health continued in the mid-1920s. In January 1925, lectures on medicine were introduced for the broader labor union membership in Harbin's labor union clubs. These lectures occurred once a week, with different lecturers taking turns [31]. It is important to note that these sessions were aimed explicitly at a Russian audience.

In the early 1920s, Soviet expansion in the Special District of the Three Eastern Provinces was manifested through political initiatives to garner financial and ideological support. Russians loyal to Soviet

Russia gravitated towards labor unions, with the medical labor union Medikosantrud serving as the primary advocate for Soviet medicine in the region. This organization united healthcare workers within the Special District who were sympathetic to the Soviets. By April 1924, the Harbin branch of Medikosantrud had a membership of 542 individuals, including 34 physicians, representing only 15 percent of the total number of Russian physicians in the city, alongside eight veterinarians. Its membership mainly included doctors' assistants, nurses, and hospital attendants. Notably, many refugee physicians in Harbin did not share the same sympathy for the Soviets [7, 32].

In the spring of 1924, N.A. Semashko, the People's Commissar of Health of Soviet Russia and a key figure in establishing the Soviet health care system, visited Harbin. His journey along the CER to Vladivostok in March 1924 generated significant interest, albeit primarily in secular news rather than political or medical organizational circles. Upon his arrival in Harbin, Semashko was greeted by the special commissioner of the Soviet government and the chairman of the labor union council.

Semashko stated that the purpose of his trip was to familiarize himself with the state of health care in Siberia and the Far East of Soviet Russia. He was accompanied by heads of various departments from the People's Commissariat of Health, and the visit was mainly of an inspection nature. His journey to Harbin and along the CER was necessitated by the fact that the Trans-Siberian Railroad bridge over the Amur River, which had been destroyed during the Civil War, had not yet been rebuilt. Notably, he made no mention of promoting the principles of Soviet health care in China. Semashko, however, delivered a brief statement to the press regarding the successes of the Soviet economy and health care [33].

Until 1925, the Weimar Republic was the primary, if not the sole, focus of the People's Commissariat for Health's foreign propaganda regarding Soviet health care. At the time of Semashko's visit to the Far East, the German medical journal "*Deutsche Medizinische Wochenschrift*" featured a series of articles authored by Semashko that covered nearly all facets of Soviet medicine, from healthcare organization to medical science [34]. During this period, Semashko exhibited little interest in Asia.

The renaming of the LRC into the Harbin branch of the Soviet Red Cross in 1923 had another consequence: two "RRCS" organizations began to exist in parallel in Harbin: the old (pre-revolutionary) and the new (Soviet). The RRCS Sisters of Charity Community Hospital was established in Harbin as early as 1908, served the Chinese population as well, and was considered one of the best in the city [35].

Once the Bolsheviks gained control over the Russian Far East (at the end of 1922), they aimed to recover colonial privileges in Manchuria. The Soviet regime followed the same path the tsarist government had pursued decades earlier [12]. The Soviet expansion into the Special District and the ongoing struggle against Russian emigrants led to an attempt to seize property located on Chinese territory—the RRCS Sisters of Charity Community in Harbin.

In August 1921, the ICRC approved a resolution to recognize the Soviet RRCS, based in Moscow, as a member [36]. This decision allowed the ICRC to facilitate sending Soviet RRCS delegates to various countries with Russian populations. In April 1923, citing this resolution, A.G. Stepanov, the Soviet RRCS commissioner in the Russian Far East, demanded that the Chinese authorities transfer ownership of the Harbin hospital belonging to the Sisters of Charity Community to the Soviet RRCS [37].

The Soviet authorities sought to establish a monopoly over the Russian Red Cross movement in Manchuria; however, the Chinese officials in Harbin had a differing perspective. First of all, there was the Chinese Red Cross Society. Founded in 1904 during the Russo-Japanese War, the Chinese Red Cross Society has a history of providing aid and coordinating relief efforts during natural and artificial disasters in China [38]. By the 1920s, it had established branches in various regions, including Harbin.

Furthermore, the administration of the Special District was influenced by the rise of Chinese nationalism, which aimed to exclude Russian imperial heritage. Starting in the early 1920s, Chinese

authorities began to take control from the Russians and nationalize Russian public institutions. The Chinese administration in Harbin leveraged the dispute between the Russian Red Cross organizations for its advantage.

The Chinese authorities' strategy involved dismantling the Russian Red Cross community and transferring the hospital to the Harbin township administration [37]. The rationale behind this decision was grounded in the stipulation of the Geneva Convention, which allegedly prohibits the Red Cross from having branches in foreign territories. Consequently, the community was requested to register with the township government, leading to a mandate for a name change after registration. As a result, the community of the Sisters of Charity officially ceased to exist in October 1924, and the hospital was renamed the First Harbin Suburbs Hospital. After rebranding and transitioning to Chinese jurisdiction, the Sisters of Charity Community of the RRCS retained Russian medical staff. This reorganization was essential to maintain the institution despite declining funding sources.

Along with the abolition of the nursing community, the pro-Soviet Harbin branch of the RRCS was also reformed on the same basis. Since the Chinese authorities would nationalize this organization's medical institutions, the RRCS dispensary was urgently renamed the First Harbin Workers' Polyclinic in the autumn of 1924 [39, 40].

In the mid-1920s, the Chinese Red Cross, Japanese Red Cross, Baptist Red Cross Hospital, and two Russian Red Cross organizations operated hospitals in Harbin [41]. The Soviet Red Cross organization in Harbin stood out from others due to its minimal philanthropic activities and aggressive political propaganda. The closure of various institutions was likely linked to this situation. Outside the CER, the Russian Red Cross continued to operate in China. Soviet Red Cross hospitals were active in Xinjiang after 1929, and there were also facilities of the Russian Red Cross Sisters' Society in Shanghai during the 1920s and 1930s.

The Soviet medicine in the CER (1924–1929)

Diplomatic relations between the USSR and the Republic of China were established in 1924. On May 31 of that year, the parties signed a series of documents in Beijing, primarily focusing on the status of the CER. The railway was designated as a purely commercial enterprise, with all matters except business-related issues being fully assigned to the local Chinese authorities. At that time, the dominant figure in Northeast China was Marshal Zhang Zuolin. Thus, on September 20, 1924, in Mukden (now Shenyang), the Soviet-Chinese agreement was further supplemented by a separate accord between the USSR and Zhang Zuolin. These negotiations highlighted Moscow's strong desire to control the CER as a crucial instrument for furthering its policies in China and the broader Far East.

The Soviet Union gained de facto control of the CER, allowing it to act in its interests in Manchuria. However, the Mukden agreement specifically stated the need to reject propaganda targeting the contracting parties' political and social systems [42]. Despite this, up until 1935, when the USSR sold the CER to Japan, the Soviet Union continued its efforts to promote aggressive communist propaganda and engage in subversive activities against the Russian emigre community in China. This was carried out through the cells of the All-Union Communist Party of Bolsheviks, the Joint State Political Directorate of the Soviet Union's (OGPU, The secret police of the Soviet Union.) network of agents, and the covert involvement of military specialists in the Chinese Civil War.

Since 1925, the CER became a focal point for Soviet propaganda in Manchuria. In October 1924, the leadership of the CER was restructured. Railway management was implemented under the joint authority of the USSR and China. The new Soviet administration began appointing local doctors who aligned with Bolshevik ideologies to prominent positions within the medical-sanitary services of the CER. In February 1925, Dr. Wei Likun (Figure 3), a graduate of the Military Medical Academy in Petrograd and a pro-Soviet figure working in the surgical department of the Central Hospital, was named the new chief physician of the railway. This compromise

appointment pleased the Soviet and Chinese members of the CER Board. Dr. Wei Likun thus became the first Chinese individual to lead one of the CER's services [7].

The medical-sanitary department of the CER was not an ordinary healthcare service; instead, it functioned as an "embedded" service dedicated exclusively to the employees of the railway system. In Soviet Russia, alongside the general medical network operated by the People's Commissariat of Public Health for the civilian population, the state established integrated "medical-sanitary" services for essential institutions. This included dedicated clinics and medical personnel serving the Red Army, the Navy, the railway network, the Kremlin, and the Gulag. This model of medical care was inherited from the Russian Empire. Due to its specific role in serving railway workers, the medical and sanitary service of the CER could not fully utilize the comprehensive resources of the Soviet socialized healthcare system.

According to the Soviet-Chinese Agreement on the CER of 1924, only citizens of China or the USSR were permitted to work on the railway. Those who declined to obtain Soviet or Chinese passports were dismissed from their positions effective June 1, 1925. This prompted many CER doctors to apply for citizenship in the USSR. However, some Russian doctors opted for a different compromise by choosing Chinese citizenship. In the summer of 1925, out of 39 regular doctors on the CER, 10 Russian doctors decided to accept Chinese citizenship. As a result, medical posts that became vacant were soon filled by doctors from Soviet Russia. The restructuring of the medical-sanitary service of the CER following Soviet healthcare ideologies was not solely due to the arrival of specialists from the USSR; politically loyal railway doctors from the CER were also sent for training in the USSR [43].

Due to the industrial nature of the CER, the medical service there was not well-equipped to showcase the benefits of the Soviet healthcare model. There was no intention to replicate Soviet healthcare on a smaller scale within the CER. Instead, the Bolshevik physicians who arrived from the USSR focused primarily on ideological propaganda, discussing medicine in the Soviet Union and introducing specific disease prevention measures.

The new trends in Soviet public health services were implemented in the CER. For instance, school-sanitary doctors were introduced, dispensaries for tuberculosis and venereal diseases were established, and the operations of railway resorts were expanded [44]. Conflicts occasionally arose between the long-serving doctors of CER, many refugees from Russia, and the newly arrived Soviet physicians. The Soviet doctors opposed the private practice of the Central Hospital's physicians, but the chief doctor of the railway, Dr. Wei Likun, defended the right to private practice [45, 46]. Consequently, the influence of Soviet doctors within the Health Department of CER was not absolute, and they had to consider the prevailing local conditions.

In the early 1920s, the primary means of propagating Soviet healthcare in Manchuria, albeit relatively weak, was through trade unions. However, starting in late 1924, the focus of Soviet medical propaganda in Harbin shifted to the medical-sanitary department of the CER. There, young doctors who had graduated from medical schools in Soviet Russia were dispatched, and this became a testing ground for new trends in Soviet healthcare. The period of overt Soviet influence in Manchuria ended in 1927, following the consolidation of the Guomindang's power and the severance of diplomatic relations between China and the USSR. From that point onward, Soviet propaganda efforts in Manchuria increasingly took on a clandestine nature.

Throughout the Soviet period from 1924 to 1935, the management and medical-sanitary aspects of the CER were plagued by internal conflicts. On one hand, there was a persistent shortage of medical personnel. On the other hand, highly qualified doctors were either barred from working on the railway for political reasons or chose to leave of their own accord. Consequently, this led to a high turnover rate among the medical staff at the CER. Between 1925 and 1935, the medical workforce primarily consisted of emigrant doctors who opted for Soviet citizenship or medical professionals who arrived from the USSR. The credibility of the Soviet authorities was also undermined by the flow of doctors from the USSR who traveled to work on the CER to become emigrants later.

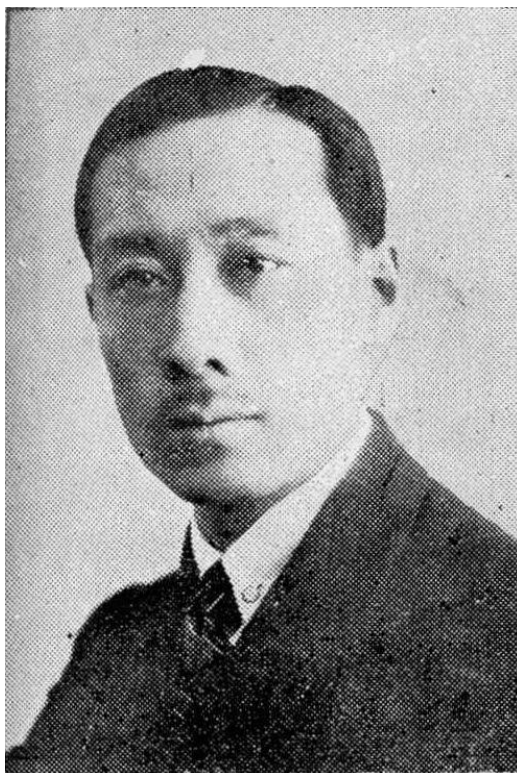


Figure 3 Dr. Wei Likun

Soviet medicine in the CER and Harbin in 1929–1939

Personnel changes within the leadership of the CER medical-sanitary service occurred amidst a significant deterioration in relations between the USSR and China. This tension escalated in 1929, triggered by the Soviet side's violation of interstate "parity", the unilateral actions of the Soviet manager of the CER, and aggressive communist propaganda. At first glance, the crisis can be viewed as a military response to a longstanding pattern of Chinese efforts to challenge Russian, and subsequently Soviet, dominance in Manchuria [3]. In July 1929, Chinese authorities announced the nationalization of the railway, leading to the dismissal of the Soviet administration and the arrest of several employees. The USSR considered these actions a seizure of the CER and severed diplomatic relations with the Nanjing government. This conflict intensified the tensions between emigrants and the Soviet community in China. Within the health department of the CER, the most vocal supporters of Soviet authority were dismissed and subsequently expelled to the USSR.

Following the conclusion of hostilities in Manchuria in December 1929, the situation at the CER returned to its pre-conflict state. However, in the early 1930s, there was significantly less focus on the healthcare provisions along the railway. In 1930, Dr. Li Xizhen (In the early 1930s, Dr. Li Xizheng was also the director of Harbin Medical School [10].) assumed the role of chief physician at CER, marking a period characterized by increased Sinicization of the railway's medical services. Throughout the early 1930s, the health department of CER experienced continuous "personnel purges," resulting in many esteemed doctors being compelled to leave the CER Central Hospital.

In 1930, G.V. Ivitsky, a Soviet physician who had previously headed the second Soviet medical and sanitary expedition in Outer Mongolia, assumed the role of deputy chief physician of the CER. He described the chief physician, Dr. Li Sizhen, as a "narrow nationalist", a "Russophobe", and a person of limited capability and initiative. Dr. Ivitsky also observed that both Soviet and Russian medical staff treated the Chinese in a manner characterized by "great-power chauvinism" and "patronizing condescension". The medical personnel, at best, overlooked the Chinese, and at worst, actively obstructed their advancement to middle and senior positions [47]. Under such circumstances, even the Chinese with similar social standing could not develop any affinity for the USSR. To conduct effective propaganda and promote the ideas of Soviet healthcare in the CER, it was essential to first gain the trust of the Chinese side.

Dr. G.V. Ivitsky established a course to achieve personnel parity, focusing on the Sinicization of the railway medical support system. This involved recruiting Chinese individuals for lower-level positions, providing further training, facilitating their advancement to mid-level medical roles, and promoting Chinese doctors into key staff positions. Additionally, efforts were made to reorganize medical facilities to reduce staffing and overhead costs [47]. Thus, the Sinicization of the railway medical service was driven not only by Dr. Li Sizhen's directives but also by the proactive approach of G.V. Ivitsky.

Despite efforts, the situation remained unchanged for the better. During 1931–1932, Japan intervened in Manchuria. By 1934, the terror imposed by the Manchurian and Japanese authorities on the CER intensified significantly. There were widespread arrests, robberies, and even murders of railroad employees. In April 1934, Japanese authorities arrested the chief doctor of CER, Li Sizhen, along with his assistant, Dr. I.N. Volchkov, and several other medical personnel. Although the health department staff of CER were released from detention in June 1934, Soviet doctors were compelled to return to the USSR, Dr. Li Sizhen resigned [48]. These events severely hindered the effective operation of the CER's medical-sanitary service.

Negotiations between the USSR and Japan regarding the sale of the CER commenced in 1933. The agreement was officially signed in Tokyo on March 23, 1935. Following the signing, Soviet staff on the railway were required to return to the USSR within two months. However, only a few Soviet doctors made their way back in 1935. Most Russian doctors were dismissed from the CER but became part of the emigre group and subsequently applied to renounce their Soviet

citizenship. By the summer of 1935, Soviet medical presence in Harbin had vanished. Although the Harbin Polyclinic, which had previously catered to the local population not associated with the railroad, continued its operations.

In the late 1930s, the Harbin Polyclinic was operated by the USSR Vice-Consul in Harbin and maintained close connections with the Society of Soviet Citizens. At one point, it was even referred to as the hospital of the Society of Soviet Citizens. The polyclinic received funding from the USSR Consulate, surpassing many other medical institutions in Harbin, particularly charitable emigrant hospitals. However, compared to the top private hospitals in Harbin, such as Jewish and Russian-German hospitals, which had waiting lists for admissions, the activity at the Polyclinic was relatively limited [49]. In October 1939, the Harbin Polyclinic was closed, marking a shift in the treatment of Soviet citizens in Harbin, who then primarily sought care at home.

Conclusion

The case of Harbin and the CER in the 1920s–1930s vividly illustrates that under unfavorable political and sociocultural conditions, Soviet medicine was not viable enough and could not take a dominant position despite the efforts of the medical service leadership.

In the 1920s, the primary vector for the export of Soviet health care ideas was Western Europe. In contrast, the penetration of Soviet medicine into Asian countries was not due to a deliberate policy of the People's Commissariat for Health of the Soviet Russia, but rather to the general foreign policy of the USSR to form a belt of Soviet-influenced states around the Soviet Union. At that time, Soviet doctors had neither a strategy nor methods of work to promote Soviet health care in foreign-speaking and foreign-cultural societies.

Soviet healthcare in the CER and Harbin was represented not by the idea of free general medical care at the expense of general taxation, but only by separate fragments of this concept, which were either insignificant and unoriginal (school-sanitary supervision, improvement of dental care, organization of dispensaries and fight against socially significant diseases), or caused rejection among the Chinese and Russian population (lowering the social status of a doctor, ban on fee-for-service, denial of medical secrecy and free choice of a doctor).

In addition, the very nature of departmental "embedded" railway medicine was not conducive to demonstrating the advantages of the Soviet health care system and its showcase side. The active desire of the Chinese authorities at this time to restore sovereignty on their territory created an obstacle to the penetration of Soviet ideology. Though propaganda of Soviet medicine in the CER and Harbin was conducted, it was done on a residual principle and piecemeal. In the USSR, the Commissariat for Foreign Affairs patronized the work of the CER, and the People's Commissariat of Health acted only as a supplier of medical personnel. Except for sending Soviet doctors to work, there were no other investments of the USSR in developing the CER healthcare.

Cultural diplomacy is a prominent concept for analyzing international relations in medicine and public health. This term describes a state-driven strategy to foster mutual understanding and establish long-term relationships between nations by exchanging cultural assets, ideas, and values. However, the experience of Soviet medicine in Manchuria during the early 1920s reveals the minimal involvement of the Soviet state in these efforts. Notably, this situation highlights the concept of popular diplomacy, which emphasizes a decentralized, public-centric approach that actively engages foreign audiences through grassroots initiatives. While Soviet medicine in Manchuria attempted to transition from popular diplomacy to cultural diplomacy, the limited participation of the People's Commissariat of Health and the absence of a long-term strategy hindered the successful completion of this transition.

In Manchuria during the 1920s and early 1930s, the concept of Sovietization encountered a more formidable force: nationalism. The failure to recognize this factor was a primary reason for the

unsuccessful spread of Sovietization ideas in Northeast China during the interwar period. It was only a year after the Sino-Soviet conflict of 1929 that Soviet doctors in the CER realized that rather than opposing Chinese nationalism, they could leverage it to build trust, highlighting the necessity of establishing cooperation with the Chinese side. In an environment marked by confrontation, any attempts at Soviet influence proved ineffective.

In the CER, Soviet medicine (and Russian medicine before 1924) was not the only leader in European science. It did not occupy the most advanced positions in China. Its sphere of activity assisted the poorest strata of the proletariat, people engaged in wage labor. The well-to-do Russian people turned to Russian emigrants, the Chinese preferred to consult graduates of British and American medical schools (which were abundant in Harbin in the 1920s), and also had access to the Japanese medical service of the South Manchurian Railway, with hospitals equipped with the latest medical science. At the same time, the North Manchurian Plague Prevention Service operated in Harbin under the direction of Dr. Wu Lien-teh, which in the 1920s became a world leader in epidemic research. In this regard, Soviet medicine on the CER did not become a noticeable phenomenon for China or Harbin.

References

- Pantsov A. *The Bolsheviks and the Chinese Revolution, 1919–1927 (Chinese Worlds)*. Honolulu, USA: University of Hawaii Press; 2000. ISBN:9780824823276
- Walker MM. *The 1929 Sino-Soviet War: The War Nobody Knew (Modern War Studies)*. Lawrence, USA: University Press of Kansas; 2021. ISBN:9780700632602
- Elleman B, Kotkin S. *Manchurian Railways and the Opening of China: an International History: An International History*. New York, USA: Routledge, 2015. ISBN:9781315702643
- Felber R, Grigoriev AM, Leutner M, Titarenko ML. *The Chinese Revolution in the 1920s: Between Triumph and Disaster*. London, United Kingdom: Routledge, 2013. ISBN:9781315029542
- Wilbur CM, How JLY. *Missionaries of Revolution: Soviet Advisers and Nationalist China, 1920–1927*. Cambridge, United Kingdom: Harvard University Press; 1989. ISBN:9780674576520
- Wu YL, Barnes NE, Benedict CA, et al. *Medical Transitions in Twentieth-Century China*. Bloomington, USA: Indiana University Press; 2014. ISBN:9780253014948
- Ratmanov P, Liu Y, Zhang FM. Russian Physicians in Harbin (1920–32). *Front Hist China*. 2019;14(3):353–384. Available at: <http://doi.org/10.3868/s020-008-019-0018-5>
- Jin XZ. *Healthcare of the People's Republic of China*. Moscow, Russia: Medgiz; 1956.
- Ji Y, Li ZP. The Spread of Western Medicine in Harbin Area. *Med Philos*. 2018;39(8A):86–89. Available at: <http://doi.org/10.12014/j.issn.1002-0772.2018.08a.21>
- Ji Y, Li ZP. Early stage western hospitals in Harbin (1900–1932). *Chin J Med Hist*. 2016;46(4):216–220. Available at: <http://doi.org/10.3760/cma.j.issn.0255-7053.2016.04.006>
- Chiasson BR. *Administering the Colonizer: Manchuria's Russians under Chinese Rule, 1918–29 (Contemporary Chinese Studies)*. Vancouver, Canada: University of British Columbia Press; 2010. ISBN:9780774816564
- Urbansky S. *Beyond the Steppe Frontier: A History of the Sino-Russian Border (Studies of the Weatherhead East Asian Institute), second edition*. Princeton, USA: Princeton University Press; 2021. ISBN:9780691208947
- Solomon SG. *Health and Society in Revolutionary Russia (Religion in North Am)*. Bloomington, USA: Indiana University Press; 1990. ISBN:9780253353320
- Carter JH. *Creating a Chinese Harbin: Nationalism in an International City, 1916–1932*. Ithaca, USA: Cornell University Press; 2002. ISBN:9780801439667
- Anon. Outpatient clinic of Labor Red Cross. Vpered. October 19, 1920:5.
- Barsukov MI. *The Great October Socialist Revolution and the Organization of Soviet Health Care (October 1917-July 1918)*. Moscow, Russia: Medgiz; 1951.
- Anon. Labor Red Cross. Vpered. March 2, 1920:1.
- Anon. About the Labor Red Cross. Vpered. March 3, 1920:1.
- Anon. Alexander Vasilyevich Sinitsyn. Vpered. March 22, 1921:2.
- Anon. Jubilee of the Labor Red Cross (3 years). Tribuna. March 1, 1923:2.
- Kirzhnits AD. *At the Threshold of China*. Moscow, Russia: Red novelty; 1924.
- Ratmanov P, Bashkuev V. Foreign representative offices of the Soviet Red Cross in the 1920s and 1930s in the context of the international health policy of the USSR. *Hist Med*. 2021;7(1):41–50. Available at: <http://doi.org/10.17720/2409-5834.v7.1.2021.05e>
- Anon. Outpatient clinic of Labor Red Cross has been renamed. Tribuna. March 14, 1923:4.
- Anon. *Proceedings of the 1st Far Eastern Meeting of Heads of Provincial and Transport Health Departments 1/VII-5/VII 1923. Proceedings of the Meeting on the Fight against the Plague of 1/VIII-2/VIII 1923*. Chita, Russia: Dalzdrav; 1923.
- Gosudarstvennyi arkhiv of the Russian Federation (GARF). F.A482, op.55, d.18, l.65. Copy of a letter from the head of the Bureau of Foreign Information of the People's Commissariat for Health of the Soviet Russia I.P. Kalina to the Far East Health Department (Dalzdrav) and the Representative of the RRCS in the Far East from 03.08.1923 No.793.
- Gosudarstvennyi arkhiv of the Russian Federation (GARF). F.A482, op.55, d.18, l.66. Letter from the assistant to the Office of the representative of the RRCS in the Far East Kovnatsky to the Far East Health Department (Dalzdrav) (copies to the Central Office of RRCS and People's Commissariat of Health of the Soviet Russia). dated 04.07.1923, No.25/sok (secret).
- Anon. Opening of the Children's consultation and Milk Depot "A drop of milk" named after Dr. A.V. Sinitsyn. Tribuna. June 10, 1923:1.
- Anon. To the Week of Cleanliness. Vpered. June 3, 1920:5.
- Anon. Labor Red Cross. Weeks of Cleanliness. Vpered. May 27, 1920:2.
- Anon. What are lectures to Harbiners! Vpered. February 23, 1921:5.
- Anon. On the cultural and educational front. Tribuna. January 13, 1925:3.
- Anon. In the labor union Medikosantrud. Tribuna. April 17, 1924:3.
- Anon. Semashko Health Minister's driveway. Novosti zhizni. March 18, 1924:4.
- Ratmanov PE. *Soviet Public Health in the International Arena in the 1920s and 1940s: Between "Soft Power" and Propaganda (Western Europe and the USA)*. Khabarovsk, Russia: Publishing House of Dvngmu; 2021. ISBN:9785857974469
- Romanova VV. The history of the work of the Russian Red Cross Society's local branches in Manchuria. *Hist Med*. 2016;3(4):312–321. Available at: <http://doi.org/10.17720/2409-5834.v3.4.2016.30d>
- Fayet JF. *VOKS: LE LABORATOIRE HELVETIQUE: Le laboratoire helvétique*. Chêne-Bourg, Suisse: Georg; 2014. ISBN:9782825710340
- Anon. Conversation with the Commissioner of the Red Cross.

- Tribuna. April 26, 1923:3.
38. Wylie N, Oppenheimer M, Crossland J, Rodogno D, Arrizabalaga J. *The Red Cross Movement: Myths, practices and turning points (Humanitarianism: Key Debates and New Approaches)*. Manchester, United Kingdom: Manchester University Press; 2020. ISBN:9781526133519
 39. Anon. The fate of the Red Cross community. *Vecherniaia Zaria*. April 5, 1923:3.
 40. Anon. Without the Red Cross flag. *Vecherniaia Zaria*. October 16, 1923:3.
 41. Ternovskii ST. *All Harbin in 1926. Address and Reference Book*. Harbin, China: Chinese Eastern Railway; 1926.
 42. Melikhov GV. *Russian Emigration in International Relations in the Far East (1925–1932)*. Moscow, Russia: Russian way; 2007. ISBN:9785984540117
 43. Ratmanov P. *History of Medical and Sanitary Service of the Chinese Eastern Railway (1897–1935)*. Khabarovsk, Russia: Far Eastern State Medical University; 2009. ISBN:9785857972144
 44. Anon. Dispensaries and medical supervision in schools. *Zaria*. July 9, 1926:3.
 45. Anon. Dr. Ginston's stand down. *Zaria*. October 13, 1927:3.
 46. Anon. Dr. Wei Likun on the private practice of physicians. *Zaria*. September 16, 1927:3.
 47. Gosudarstvennyi arkhiv of the Russian Federation (GARF). F.A482, op.55, d.30, l.354–354ob. Dr. G.V. Ivitsky to People's Commissariat of Health. Brief information about the state and work of the Health Department of CEK. October 18, 1930.
 48. Anon. A change in the railroad's chief medical officer. *Zaria*. June 5, 1934:7.
 49. State Archive of Khabarovsk Territory (GAKhK). F.R-830. Op.3. D.28068, l.62. L'vov Nikolai Grigorievich. Personal file.